TREATMENT OF TUBERCULOSIS--CURRENTLY RECOMMENDED REGIMENS

The Oregon Health Division, the Centers for Disease Control, and the American Thoracic Society recommend the following regimens for treatment of pulmonary tuberculosis.

UNCOMPLICATED PULMONARY TUBERCULOSIS — Uncomplicated pulmonary tuberculosis cases should be treated with isoniazid (INH) and rifampin. The recommended daily dosages are 300 mg for INH (10 mg/kg for children) and 600 mg for rifampin (10 to 15 mg/kg for children). An important advantage of this new regimen over the previously recommended regimen of INH and ethambutol is the shortened duration of therapy. The INH-rifampin regimen is recommended to be given for either 9 months duration or for 6 months after the sputum culture is first documented to be negative, whichever is longer The old INH-ethambutol regimen required 18-24 months of therapy.

CASES IN WHOM INH RESISTANCE IS SUSPECTED — Tuberculosis cases in whom INH resistance is suspected should be treated with three drugs, INH (300 mg per day), rifampin (600 mg per day), and ethambutol (15 mg/kg per day) until the drug susceptibilities of the organism can be documented. Patients in whom INH resistance should be suspected include persons from developing countries such as Indochinese refugees and Mexicans, persons who have previously received INH, and persons whose disease is thought to have resulted from exposure to a case with INH-resistant organisms.

OTHER DRUG RESISTANCE SITUATIONS — When other anti-tuberculosis drug resistance is suspected or known, an individualized regimen should be prescribed. This regimen should provide reasonable assurance that the patient is receiving at least two drugs to which his or her organisms are sensitive.

OTHER SPECIAL SITUATIONS — Individualized drug regimens must be prescribed for patients with acute or chronic liver disease and patients with previous adverse reactions to one of the first choice drugs.*

* Communicable Disease Summary Vol. 31, No. 4; Oregon Health Division, January 30, 1982. Also see CD Summary 29(11), March 14, 1980, and MMWR 29(9):97-100 105, March 7, 1980.

NEW POSITION FILLED

As of February 16, 1982 Mr. Richard Nelson is the new Program Manager for Childhood Immunization and Venereal Disease Programs. This position is part of the Preventive Health Services Bureau.

Previously, Mr. Nelson worked for the department as a Public Health Field Representative from July of 1977 to September of 1977, and as a Field Health Officer from January of 1979 [illegible]

Immunizations

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PHSB-3078-201

Volume: 6:2 Month of: January, 1982

MONTANA MORBIDITY REPORT. Pub. No. 397830. Published monthly by the Preventive Health Services Bureau of the Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59621. Distributed FREE to physicians, public health nurses, sanitarians, hospital administrators.

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT	Daniels										1					
	Phillips															1
	Roosevelt															20
	Sheridan															
	Valley															
DISTRICT 2	Dawson															3
	Garfield															
	McCone															
	Prairie															
	Richland												1			2
	Wibaux															
DIST. 3	Carter															
	Custer															3
	Fallon															2
	Powder River															
	Rosebud													1		3
	Treasure															
DIST. 4	Blaine														1	2
	Hill															5
	Liberty															
DIST. 5	Cascade							1						2		18
	Chouteau															1
	Glacier															10
	Pondera															
	Teton															
	Toole															
DIST. 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				1						1					1
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone			1									3			14
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark															4
DIST. 9	Gallatin							1	1							1
	Meagher															
	Park															1
DIST. 10	Flathead															2
	Lake															5
	Lincoln															
	Sanders															
DIST. 11	Mineral															
	Missoula													1		10
	Ravalli															
DISTRICT 12	Beaverhead															
	Deer Lodge															1
	Granite															
	Madison															1
	Powell															
	Silver Bow			2				1								2
MONTHLY TOTAL	19 82	-	-	3	1	-	-	3	1	-	2	-	4	4	-	112
	19 81	1	-	6	5	3	-	1	-	-	5	-	11	-	6	90
	19 80	-	-	2	15	1	-	1	15	2	-	-	2	5	2	103
TOTAL TO DATE	19															
	19															
	19															

DELAYED REPORTS: Aseptic Meningitis--1, Valley. Giardia--1, Blaine; 2, Hill; 3, Missoula; 1, Gallatin. Hepatitis A--1, Yellowstone; 2, Cascade; 1, Ravalli; 1, Glacier. Hepatitis B--1, Lewis & Clark. Mening. Disease--1, Cascade. Rabies--1, Big Horn. Salmonella--1, Roosevelt; 1, Yellowstone; 1, Gallatin; 2, Carbon; 3, Cascade; 1, Missoula.

OTHER DISEASES: Bacterial Meningitis--1, Hill; 1, Phillips; 1, Yellowstone; 1, Missoula. Legionella--1, Cascade.

REYE SYNDROME--What Role Does Aspirin Play?*

The fourth case-control study which demonstrates an association between Reye syndrome and the use of aspirin has just been announced.[1] These new results suggest that physicians and parents should consider available information about salicylates and alternative drugs before administering one of them to children with chickenpox or influenza-like illnesses.

What is Reye Syndrome?

Reye syndrome occurs almost always in children under the age of 18. It is preceded by a viral illness, usually influenza or chickenpox. As the antecedent viral illness resolves, the child's mental status abruptly changes. The changes may range from hyper-excitability to lethargy and coma. The mental status change is usually followed by severe vomiting. A wide variety of disturbances may occur, including abnormalities in carbohydrate, amino acid, lipid, and electrolyte metabolism, dehydration, acidosis, hypotension, bleeding, and renal insufficiency.[2] In 1981, the case fatality rate was 28% among reported cases in the U.S.[1] A significant number of survivors have neuropsychologic problems.

The characteristic laboratory and pathologic findings are reflected in the epidemiologic case definition used by the Centers for Disease Control (CDC).

A summary of Reye syndrome diagnosis and treatment is available.[3]

Previous Data Linking Aspirin to Reye Syndrome

In 1975, Lenneman at al., reported that 53 of 56 biopsy-proven cases of Reye syndrome had taken aspirin prior to hospitalization.[4]

The first case-control study which showed an association between aspirin ingestion and Reye syndrome compared seven cases to 16 classmates matched for sex and for presence of illness during an influenza A outbreak. All seven cases had ingested salicylates during their illnesses.[5]

Another case-control study included 159 Reye syndrome cases reported in Ohio between December, 1978 and March, 1980. They were compared to controls, each chosen from the same classroom as a case and matched for age, sex, race, and occurrence of an illness similar to the case's antecedent illness. More cases (95/98 or 97%) had ingested salicylates during the antecedent illness that controls (114/160 or 71%).[6]

A third case-control study, in Michigan, was similar to the one in Ohio. All of the cases (14/14) had ingested salicylates compared to 14/21 (6%) controls.[6]

* Article taken from Communicable Disease Summary (USPS 126-060), Oregon Health Division, 1400 S.W. Fifth Avenue, Portland, Oregon 97201; Vol. 31, No. 7.

1. Centers for Disease Control. National Surveillance for Reye syndrome, 1981: Update, Reye syndrome and salicylate usage. MMWR 1982; 31(5):53-61.
2. Sullivan-Bolyai, JZ and Corey L. Epidemiology of Reye syndrome. Epidemiologic Reviews 1981; 3:1-26.
3. NIH Consensus Conference. Diagnosis and treatment of Reye's syndrome. JAMA 1981; 246:2441-2444.
4. Linneman CC, et al. Reye's syndrome: epidemiologic and viral studies, 1963-74. American Journal of Epidemiology 1975;101:517-526.
5. Starko KM, et al. Reye's syndrome and salicylate use. Pediatrics 1980;66:859-864.
6. Centers for Disease Control. Reye syndrome--Ohio, Michigan. MMWR 1980;29:532-539.

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PHSB-3010-201 **Volume:** 6:3 **Month of:** February, 1982

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312.2 H2m v.6 #3 Feb. 1982

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels															
	Phillips															
	Roosevelt															5
	Sheridan										1					3
	Valley										1					1
DISTRICT 2	Dawson															3
	Garfield															
	McCone															
	Prairie															
	Richland															2
	Wibaux															
DISTRICT 3	Carter															
	Custer															4
	Fallon															
	Powder River															
	Rosebud														2	3
	Treasure															
DIST. 4	Blaine			1											1	
	Hill															8
	Liberty															
DISTRICT 5	Cascade					1								7		12
	Chouteau															
	Glacier													2		7
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															1
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				1						2			1	2	3
	Carbon															
	Stillwater															1
	Sweet Grass															
	Yellowstone														1	23
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark			1												13
DIST. 9	Gallatin										1					4
	Meagher															
	Park															
DISTRICT 10	Flathead															
	Lake															1
	Lincoln															2
	Sanders															
DIST. 11	Mineral															
	Missoula			1									2	1		3
	Ravalli															1
DISTRICT 12	Beaverhead															1
	Deer Lodge														1	
	Granite															
	Madison															
	Powell															1
	Silver Bow			2	1											2
MONTHLY TOTAL	19 82	–	–	5	3	–	–	–	–	–	5	–	2	9	9	104
	19 81	–	–	11	4	4	–	–	3	–	13	1	6	–	6	124
	19 80	1	–	6	29	1	–	–	4	1	1	2	6	4	3	149
TOTAL TO DATE	19 82	–	–	8	4	–	–	3	1	–	7	–	6	13	9	112
	19 81	1	–	21	13	7	–	1	–	3	23	1	20	–	12	257
	19 80	1	–	8	44	1	–	1	19	1	1	–	7	9	5	235

DELAYED REPORTS: Giardia--1, Silver Bow; 1, Gallatin; 2, Lewis & Clark; 1, Carbon; 1, Roosevelt. Hepatitis A--1, Yellowstone; 1, Flathead. Mening. Disease--1, Hill. Salmonella--1, Ravalli; 1, Roosevelt.

OTHER DISEASES: Syphilis, Primary--1, Missoula. Syphilis, Early Latent--1, Roosevelt, 1, Yellowstone. Syphilis, Late Latent--1, Yellowstone; 1, McCone (military). Syphilis, Congenital--1, Yellowstone. Bacterial Meningitis--1, Gallatin; 2, Cascade (1 delayed); 1, Hill.

CAMPYLOBACTER INFECTIONS

In a recent article Blaser and Reller from the Centres for Disease Control and the University of Colorado, reviewed recent advances in the understanding of Campylobacter jejuni. Although known for a long time as a pathogen in veterinary medicine, its importance in human disease has only become apparent within the past decade. Until recently, most cases of diarrhea in North America were considered to be caused by salmonella, shigella, E. Coli and much less commonly by cholera, amoebae and other relatively uncommon bacteria and parasites, The many cases in which pathogens were not detected were believed due to viruses. It is now recognized that rotavirus, chlamydia, yersinia, giardia and campylobacter are common causes of proctitis, colitis and diarrhea. C. jejuni is now recognized as a major cause of human disease, being more common than shigella and similar in incidence to salmonella infections.

The major reservoir of the organism is believed to be birds, both domesticated and wild. In addition, many mammalian species including household pets harbour C. jejuni. Disease is transmitted by the fecal-oral route and by food, water and milk. Transmission from domestic animals and pets is also believed to occur. Human-to-human transmission, particularly within households, is recognized but is relatively less common. Asymptomatic food handlers and hospital personnel have not been implicated as sources of outbreaks and a chronic carrier state has never been demonstrated.

Symptoms range from asymptomatic infections to severe relapsing diarrhea mimicking ulcerative colitis. The clinical picture is indistinguishable from that caused by other intestinal pathogens. The illness commonly begins with fever followed several days later by abdominal cramps, nausea and diarrhea. Vomiting occurs but is not a major feature. The disease is usually self-limited and resolves within a week but up to 20% of patients may suffer relapses.

Most patients do not require therapy although those with severe or prolonged symptoms may receive antibiotics. Erythromycin (250 mg hourly QID--or as appropriate for age) is the antibiotic of cohice with doxycycline, gentamycin, or chloramphenicol as alternatives. Therapy does not appear to reduce the duration or severity of symptoms but does terminate shedding of the organism and may be useful in preventing spread.

Follow-up of cases should involve attempts to rule out common source outbreaks or household pets as a source of disease. Scrupulous hand-washing of persons in contact with animals or patients with disease should be sufficient to prevent spread of the organism. There does not appear to be any need to exclude infected food handlers or hospital employees but such persons should be fully aware of the need for careful hand-washing. In special cases, erythromycin to shorten the convalescent carrier state may be indicated. Pasteurization of milc, chlorination of water and thorough cooking of meat should all result in killing of C. jejuni and in prevention of spread by these sources.*

*Summarized from Blaser, M. J. and Reller, L. B.: Campylobacter enteritis. New England Journal of Medicine 1981; 305:144-1452. (Appeared in "Epidemiologic Notes and Reports," Social Services and Community Health Department, Alberta, Canada; Volume 6, No. 3, March 8, 1982.

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PHSB-3010-201 Volume: 6:4 Month of: March, 1982

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DISTRICT 1	Daniels										1					
	Phillips															
	Roosevelt															3
	Sheridan										1					
	Valley															
DISTRICT 2	Dawson															
	Garfield															
	McCone															
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															3
	Fallon										1					1
	Powder River															
	Rosebud														1	13
	Treasure															
DIST. 4	Blaine															
	Hill															7
	Liberty															
DISTRICT 5	Cascade				1											9
	Chouteau					1										
	Glacier															5
	Pondera															
	Teton															1
	Toole															
DISTRICT 6	Fergus															5
	Golden Valley															
	Judith Basin															
	Musselshell			1												
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				2										1	1
	Carbon															1
	Stillwater															
	Sweet Grass															1
	Yellowstone								1				1			30
DIST. 8	Broadwater			1												
	Jefferson															
	Lewis & Clark			1												6
DIST. 9	Gallatin			1									1			2
	Meagher															
	Park															
DISTRICT 10	Flathead															2
	Lake														1	1
	Lincoln											1			1	
	Sanders															1
DIST. 11	Mineral															
	Missoula				1								1			13
	Ravalli															1
DISTRICT 12	Beaverhead															
	Deer Lodge							1								4
	Granite															
	Madison															
	Powell															
	Silver Bow				3										1	4
MONTHLY TOTAL	1982	0	0	10	5	1	0	1	2	0	3	1	4	1	5	115
	1981	0	0	10	14	0	0	1	0	0	3	0	5	2	5	80
	1980	0	1	1	15	4	1	0	12	0	2	1	4	2	0	98
TOTAL TO DATE	1982	1	0	31	13	2	0	6	3	0	10	1	21	14	15	331
	1981	1	0	31	26	8	0	2	3	0	26	1	25	3	17	353
	1980	1	1	12	59	0	1	1	31	1	3	1	11	11	8	333

DELAYED REPORTS: Giardia--1, Jefferson; 1, Gallatin; 1, Park. Hepatitis A--1, Lake. Mumps--1, Fallon. Salmonella--1, Cascade. Shigella--1, Glacier.

OTHER DISEASES: Ascaris Lumbricoides--1, Sheridan (delayed). Late Latent Syphilis--1, Deer Lodge; 1, Cascade. Bacterial Meningitis--1, Gallatin (delayed); 1, Sheridan. Gonorrhea figures above include Penicillinase-Producing Neisseria Gonorrhea (2, Missoula; 1, Cascade).

SMALLPOX VACCINE

With the elimination of smallpox throughout the world, there is no more indication for the use of smallpox vaccine. The only exceptions would be certain laboratory workers engaged in the production of the vaccine and in reference laboratories where suspect samples might be sent.

Only Chad, in Africa, requires travelers to have an International Certificate of Vaccination against smallpox and some local authorities in Democratic Kampuchea may require proof of vaccination.

The Centers for Disease Control advises physicians to give travelers to any country in which such a certificate may be required a signed statement that vaccination is medically contraindicated.

CDC also states that smallpox vaccine is ineffective in the treatment of any disease.

TOXIC SHOCK SYNDROME ASSOCIATED WITH SURGICAL WOUND INFECTIONS

In 13 cases of toxic shock syndrome (TSS) associated with postoperative wound infections, clinical findings were similar to those observed in cases of TSS in menstruating women. While local signs of a surgical wound infection were minimal, Staphylococcus aureus was recovered from cultures of wounds in 12 of 12 patients; multiple blood cultures were negative for 11 of 11 patients. Toxic shock syndrome due to surgical wound infections accompanied a wide variety of surgical procedures in both men and women and was not necessarily associated with menstruation in women. The median interval between surgery and onset of TSS was two days. Toxic shock syndrome can develop in association with surgical wound infections caused by S. aureus and should be considered in the differential diagnosis of postoperative fever and hypotension.

(from article by Drs. Bartlett, Reingold, Graham, Dan, Selinger, Tank, and Wichterman, Toxic Shock Syndrome Associated With Surgical Wound Infections, Journal of American Medical Association, March 12, 1982--Vol. 247, No. 10.)

ASPECTS OF TOXIC SHOCK SYNDROME STUDY

In a March 22, 1982 correspondence from Centers for Disease Control, Arthur L. Reingold alerted us to some aspects of the CDC toxic shock study that are relevant to our readers. These aspects are as follows:

1. A new form: The new form is here at Health Services Division and we would be glad to help you submit it to CDC if you suspect a case of TSS. A unique number would be assigned to each report.

2. It is vital that any laboratory samples submitted to CDC for TSS testing be cross referenced to the case report form; the unique number assigned here would again be used.

3. Two changes have been made in the original CDC case definition. Orthostatic dizziness is sufficient evidence of hypotension. Cases are no longer excluded because of S. aureus bacteremia, if all else meets the case definition.

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		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels										1					
	Phillips										1					
	Roosevelt													1		10
	Sheridan										2					
	Valley										3					1
DISTRICT 2	Dawson															1
	Garfield															
	McCone															
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															4
	Fallon															
	Powder River															
	Rosebud															8
	Treasure															
DIST. 4	Blaine					1					1					2
	Hill															5
	Liberty															
DISTRICT 5	Cascade															9
	Chouteau															
	Glacier													1		7
	Pondera															
	Teton												1			
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin										2					
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn				1											2
	Carbon															1
	Stillwater															
	Sweet Grass															
	Yellowstone												1			20
DIST. 8	Broadwater															
	Jefferson															2
	Lewis & Clark				1											11
DIST. 9	Gallatin											2	1			
	Meagher															
	Park															
DISTRICT 10	Flathead										1					5
	Lake															2
	Lincoln															
	Sanders															
DIST. 11	Mineral															
	Missoula			1	2								1		1	8
	Ravalli															1
DISTRICT 12	Beaverhead															
	Deer Lodge														1	1
	Granite															
	Madison															
	Powell			1												
	Silver Bow			16									2		2	4
MONTHLY TOTAL	1982	-	-	18	4	1	-	-	-	-	11	-	6	2	4	105
	1981	-	-	19	3	1	-	1	-	1	14	-	9	1	5	118
	1980	1	1	1	15	1	-	-	9	-	-	2	8	-	3	105
TOTAL TO DATE	1982	1	-	49	17	3	-	7	5	-	21	1	27	16	19	436
	1981	1	-	47	27	8	-	3	3	-	38	1	34	4	19	440
	1980	2	2	13	74	6	1	1	40	1	3	3	19	11	11	438

DELAYED REPORTS: Aseptic Meningitis--1, Jefferson; 1, Lewis & Clark. Giardia--1, Silver Bow; 1, Deer Lodge; 1, Powder River. Hepatitis A--2, Cascade; 1, Deer Lodge. Salmonella--1, Silver Bow. Shigella--1, Roosevelt; 1, Glacier. Bacterial Meningitis--1, Cascade; 1, Missoula; 1, Lincoln; 1, Yellowstone.

OTHER DISEASES: Bacterial Meningitis--1, Cascade; 1, Gallatin; 1, Missoula; 1, Meagher. Colorado Tick Fever--1, Missoula. Syphilis--early latent < 1 yr.-1, Silver Bow; 1, Deer Lodge; early latent > 1 yr.-1, Yellowstone; late latent-1, Custer.

BACKPACKER HINTS

A question raised with increasing frequency during summer months is how backpackers and others who spend time in remote areas should treat drinking water. The options appear to include boiling the water, using chlorox or halogen tablets, iodine tablets or crystals, or using any of several filter devices available. For inactivation of most bacteria, any of these methods will likely work. For inactivation of Giardia there is some uncertainty about the effectiveness of any method other than boiling the water.

Research conducted at the University of Oregon has shown that boiling water is effective for inactivating Giardia. In fact it may not be necessary to boil the water. Simply bringing the water close to a boil may be all that is necessary. Halogen and iodine tablets lose their effectiveness when exposed to the air. An unopened bottle should be used for each trip. Both chlorine and iodine will inactivate Giardia given long enough contact times, however the necessary contact time is dependent on the pH and temperature of the water. Colder temperatures require longer contact times or higher concentrations of the chemical. No formulas currently exist for insuring inactivation of Giardia by these methods. A filter device, marketed under the name Waldbro, is available for about $25.00. This filter is registered with the Environmental Protection Agency and appears to be effective against most bacteria. It uses iodine, released as the water passes through the filter, to inactivate the bacteria. Tests run in the Public Health Laboratory by Bob Holman showed the filter to be 100% effective in inactivating Shigella sonnei, Escherichia coli, Proteus sp. and Staphyococcus epidermis. No data exist on how effective the device is against Giardia and we were unable to test for Giardia inactivation in the Public Health Laboratory. Since the filter uses iodine for disinfection, the same problems with water temperature and contact time noted for chlorine and halogen are likely to limit the effectiveness of this filter for Giardia.[1]

SCHOOL IMMUNIZATION LEVELS

The school immunization law has been in effect now for two years. The stalwart effort by public and private providers, school staffs, and countless volunteer organizations has combined to raise the immunization levels for Montana school children to a point where over 90% of all these children are fully immunized against the seven immunizable childhood diseases. The rewards for these levels are reflected in the lowest reported morbidity of these diseases in Montana's history. We have all taken a giant step in our effort to provide our children the healthiest childhood possible. Thank you.

1. State of Washington: Communicable Disease Report, March-April, 1981.

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MONTANA MORBIDITY REPORT

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Volume: 6:7 Month of: May, 1982

MONTANA MORBIDITY REPORT. Pub. No. 397830. Published monthly with an extra issue for March by the Health Services Division of the Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59620. Distributed FREE to physicians, public health nurses, sanitarians, hospital administrators.

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H42m
v.6 #7
May 1982

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels															
	Phillips															
	Roosevelt			1										2		12
	Sheridan										1					1
	Valley										1					
DISTRICT 2	Dawson										1		1			
	Garfield															
	McCone										2					
	Prairie															
	Richland										1					2
	Wibaux															
DISTRICT 3	Carter															
	Custer															2
	Fallon															2
	Powder River															1
	Rosebud															5
	Treasure															
DIST. 4	Blaine															3
	Hill															3
	Liberty															
DISTRICT 5	Cascade				1										1	6
	Chouteau															
	Glacier			2											1	3
	Pondera												17			
	Teton												1			
	Toole															
DISTRICT 6	Fergus															1
	Golden Valley															
	Judith Basin										2					
	Musselshell															
	Petroleum															
	Wheatland										1					
DISTRICT 7	Big Horn				1											1
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone										1			1	1	19
DIST. 8	Broadwater															
	Jefferson										1					
	Lewis & Clark			1												8
DIST. 9	Gallatin			1							1					3
	Meagher															
	Park															1
DISTRICT 10	Flathead										1					3
	Lake												1			4
	Lincoln															
	Sanders															1
DIST. 11	Mineral															
	Missoula			1								1	3			8
	Ravalli															3
DISTRICT 12	Beaverhead															
	Deer Lodge														2	
	Granite															
	Madison															1
	Powell															
	Silver Bow														1	2
MONTHLY TOTAL	1982	-	-	6	2	-	-	-	-	-	13	1	23	3	6	95
	1981	1	-	6	13	-	-	2	2	5	10	2	27	2	2	71
	1980	2	2	5	11	5	-	1	8	-	6	19	7	2	-	126
TOTAL TO DATE	1982	1	-	55	19	3	-	7	5	-	34	2	50	19	25	531
	1981	3	-	56	42	9	-	5	5	6	50	3	62	6	22	555
	1980	4	5	18	84	11	1	2	48	1	9	22	26	13	11	564

DELAYED REPORTS: Giardia-1, Chouteau; 1, Lewis & Clark; 1, Hill; 1, Blaine; 1, Gallatin; 1, Silver Bow; 2, Roosevelt. Hepatitis A-1, Custer; 1, Richland. Hepatitis B-1, Missoula; 1, Musselshell. Salmonella-2, Yellowstone; 1, Glacier; 1, Lewis & Clark. Shigella-1, Hill.

OTHER DISEASES: Bacterial Meningitis-1, Beaverhead; 2, Flathead; 1, Cascade; 1, Missoula; 1, Lake. Colorado Tick Fever-1, Lewis & Clark; 1, Missoula; 1, Richland. Kawasaki's Disease-1, Carbon.

LYME ARTHRITIS[1]

The first reported case of Lyme Arthritis in Montana occurred in June in a 53 year old Glasgow woman. Her sister in Laurel had a similar illness in 1981 which also may have been Lyme Arthritis as well.

Lyme Arthritis is characterized by several names: Lyme Disease or Erythema Chronicum migrans (ECM) with polyarthritis. It is an inflammatory disorder characterized by a distinctive skin lesion (ECM), systemic symptoms, polyarthritis, and varying combinations of neurological and cardiac involvement. The disease usually manifests itself in the summer as a red macule or papule expanding to a larger annular lesion sometimes with mutiple similar lesions. The lesions may be associated with malaise, fatigue, fever, headache and stiff neck lasting several weeks. Several days to two years later, polyarthritis without joint swelling may occur; swelling and pain in large joints, especially the knees, may recur for several years and may develop into chronic arthritis. Within weeks to months after onset of ECM, neurologic abnormalities including aseptic meningitis, encephalitis, chorea, cerebellar ataxia, cranial neuritis including bilateral facial palsy, motor and sensory radiculoneuritis and myelitis may develop. Symptoms fluctuate and may last for months. Cardiac abnormalities such as atrioventricular block, acute myopericarditis or cardiomegaly may occur within a few weeks after onset of ECM.

A similar complex called tick-borne meningopolyneuritis occurs in Europe but has not been reported to be associated with arthritis or cardiac involvement.

The infectious agent is unknown; however, epidemiological characteristics and clinical response to antibiotics suggest a vector-borne, non-viral infection. Cases occur primarily during the summer; distribution of cases coincides with the distribution of Ixodes dammini ticks in the eastern and midwestern U.S.A. and with Ixodes pacificus in the western U.S.A. The reservoir is suspected to be ticks; the mode of transmission is presumably tick-borne also. The incubation period is from 3 to 21 days after tick exposure. There is no evidence of transmission from person to person. There is no vaccine available and Lyme Arthritis affects all ages. With respect to control of patients, contacts and the immediate environment: treatment of the ECM stage with penicillin or tetracycline prevents or attenuates arthritis.

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[1]Summarized from Benenson, Abram S., Ed.: Control of Communicable Diseases in Man, 13th Edition, 1981, American Public Health Association

TUBERCULOSIS SKIN TESTING BIOLOGICALS

Because of accounting problems, Montana State Department of Health and Environmental Sciences programs will no longer sell Tuberculosis skin testing biologicals for routine screening. Purified protein derivative (PPD) will be available free of charge for use in contact investigations.

MONTANA MORBIDITY REPORT
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Volume: 6:8 Month of: June, 1982

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MONTANA MORBIDITY REPORT. Pub. No. 397830. Published monthly with an extra issue for March by the Health Services Division of the Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59620. Distributed FREE to physicians, public health nurses, school nurses, hospital administrators.

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels															
	Phillips															
	Roosevelt										1			1		6
	Sheridan															1
	Valley			1							1					2
DISTRICT 2	Dawson										2					
	Garfield															
	McCone										2					
	Prairie															1
	Richland				1											
	Wibaux															
DISTRICT 3	Carter															
	Custer															2
	Fallon															
	Powder River															
	Rosebud					1										9
	Treasure															
DIST. 4	Blaine															1
	Hill															4
	Liberty															
DISTRICT 5	Cascade															8
	Chouteau															
	Glacier			1												2
	Pondera												2			2
	Teton															
	Toole															
DISTRICT 6	Fergus												1			2
	Golden Valley															
	Judith Basin										1					
	Musselshell												1			
	Petroleum															
	Wheatland															1
DISTRICT 7	Big Horn															6
	Carbon			3							1					
	Stillwater															
	Sweet Grass															
	Yellowstone															27
DIST. 8	Broadwater															
	Jefferson															1
	Lewis & Clark															10
DIST. 9	Gallatin										1					
	Meagher															
	Park															1
DISTRICT 10	Flathead										1		2			1
	Lake				1											4
	Lincoln															1
	Sanders															
DIST. 11	Mineral															
	Missoula															13
	Ravalli															1
DISTRICT 12	Beaverhead															
	Deer Lodge															3
	Granite															
	Madison															
	Powell															
	Silver Bow															3
MONTHLY TOTAL	19 82	-	-	5	2	1	-	-	-	-	10	-	6	1	-	112
	19 81	4	-	8	9	3	-	1	1	1	17	1	8	4	1	125
	19 80	-	-	3	5	-	-	-	2	-	3	12	3	2	3	110
TOTAL TO DATE	19 82	1	-	60	21	4	-	7	5	-	44	2	56	20	25	643
	19 81	7	-	64	51	12	-	6	6	7	67	4	70	10	23	681
	19 80	4	5	21	89	11	1	2	50	1	12	34	29	15	14	675

DELAYED REPORTS: Hepatitis A--1, Sanders. Hepatitis B--1, Ravalli. Rabies, Animals--1, McCone. Salmonella--1, Flathead; 30, Pondera.

OTHER DISEASES: Primary Syphilis--1, Ravalli. Secondary Syphilis--1, Deer Lodge. Late Latent Syphilis--1, Glacier. PPNG (penicillin-resistant Gonorrhea)--1, Lewis & Clark. Bacterial Meningitis--1, Fergus; 2, Gallatin. Tularemia--1, Big Horn. Rocky Mountain Spotted Fever--1, Yellowstone. Legionella--1, Park. Colorado Tick Fever--1, Beaverhead; 3, Missoula.

HEPATITIS B VACCINE

Hepatitis B vaccine is now commercially available in Montana from Merck, Sharp, & Dohme. Hepatitis B vaccine consists of hepatitis B surface antigen (HBsAg) particles derived from the plasma of chronic carriers.[1] The vaccine is marketed in 3 ml. vials. The price ranges from $97.50 per vial for orders of 30 or more vials to $103.50 per vial for orders of 1 to 2 vials. Hepatitis B vaccine should be stored at 2-8° C., but should not be frozen.

Field trials of the United States-manufactured vaccine have shown 80-95% efficacy in preventing infection or hepatitis among susceptible individuals.[2,3] The duration of protection and the consequent need for booster doses are not yet known. However, protection is expected to last at least five years.

VACCINE USAGE:

Primary adult vaccination consists of 3 intramuscular doses of 1.0 ml. of vaccine each. The second and third doses should be given 1 and 6 months, respectively, after the first. (Vaccine doses may be administered at longer intervals, but maximal protection is not achieved until after the third dose.) Hemodialysis and other immunocompromised patients should receive 2.0 ml. for each dose; children under age ten should receive 0.5 ml. Since HBV vaccine is an inactivated (non-infective) product, it is presumed that there will be no interference with other simultaneously administered vaccines. Side effects among 12,000 recipients of HBV vaccine in the U.S. have been limited to soreness and redness at the injection site.[4,5] Also, pregnancy should not be considered a contraindication to the use of this vaccine for persons who are otherwise eligible. Since the vaccine contains only non-infectious HBsAg particles, the risk to the fetus should be negligible.

PRE-EXPOSURE VACCINATION:

Persons at substantial risk of HBV infection who are demonstrated to be likely to be susceptible should be vaccinated. They are as follows:

> Health care workers, hospital staff, clients and staff of institutions for the mentally retarded, hemodialysis patients, homosexually active males, illicit injectable drug users, recipients of certain blood products (specifically, patients with clotting disorders who receive factor VIII or IX concentrates), household and sexual contacts of HBV carriers, special high risk populations (regions of high HBV endemicity), and inmates of long-term correctional facilities.

POST-EXPOSURE VACCINATION:

Infants born to HBsAg-Positive mothers, and sexual and household contacts of acute hepatitis B cases and health workers who receive needle pricks from HBsAg-Positive patients.

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[1]Communicable Disease Summary (Oregon Health Service report), Vol. 31, No. 20, July 10, 1982.

[2]Szmuness, W., Stevens, C. E., Harley, E. J., et al, "The Immune Response of Healthy Adults to a Reduced Dose of Hepatitis B Vaccine," Journal of Medical Virology, 8: 123-9, 1981.

[3]Szmuness, et al, "Hepatitis B Vaccine: Demonstration of efficacy in a controlled clinical trial in a high risk population in the United States," New England Journal of Medicine, 303: 833-41, 1980.

[4]Ibid.

[5]Francis D. P., Hadler S. C., Thompson S. E., et al, "The Prevention of Hepatitis B With Vaccine: Report of the CDC multi-center efficacy trial among homosexual men," Annals of Internal Medicine (in press).

MONTANA MORBIDITY REPORT

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Volume: 6:9 Month of: July, 1982

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July 1982

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DISTRICT 1	Daniels															
	Phillips															
	Roosevelt															3
	Sheridan															
	Valley									1						
DISTRICT 2	Dawson															
	Garfield															1
	McCone										2					
	Prairie										3					
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															4
	Fallon															3
	Powder River															
	Rosebud															9
	Treasure															
DIST. 4	Blaine															
	Hill			1											1	5
	Liberty															
DISTRICT 5	Cascade															4
	Chouteau															
	Glacier															8
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn	1														8
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone			1							2		1			28
DIST. 8	Broadwater															
	Jefferson															
	Lewis & Clark			2												6
DIST. 9	Gallatin															6
	Meagher															
	Park															
DISTRICT 10	Flathead															6
	Lake											1				2
	Lincoln															
	Sanders															
DIST. 11	Mineral															1
	Missoula										1		5			17
	Ravalli															1
DISTRICT 12	Beaverhead															1
	Deer Lodge															2
	Granite															
	Madison															1
	Powell															
	Silver Bow			2												1
MONTHLY TOTAL	1982	1	-	6	-	-	-	-	-	1	8	1	6	-	1	118
	1981	3	-	12	4	3	-	-	2	-	8	-	10	8	1	162
	1980	-	-	17	12	2	-	-	1	-	16	7	38	4	4	152
TOTAL TO DATE	1982	2	-	66	21	4	-	7	5	1	52	3	62	20	26	761
	1981	10	-	78	57	16	-	6	8	7	75	4	80	18	22	860
	1980	4	5	38	104	13	1	2	53	1	28	41	67	19	18	827

DELAYED REPORTS: Aseptic Meningitis--3, Fergus. Giardia--5, Gallatin; 1, Silver Bow. Hepatitis A--1, Musselshell; 1, Flathead. Rabies, Animals--1, Musselshell. Salmonella--1, Gallatin; 2, Missoula.

OTHER DISEASES: Bacterial Meningitis--1, Yellowstone; 1, Missoula. Guillian-Barre Syndrome--1, Missoula. Rocky Mountain Spotted Fever--1, Deer Lodge. Colorado Tick Fever-3, Missoula; 1, Deer Lodge; 2, Gallatin; 1, Powell; 1, Fergus; 1, Lewis & Clark; 1, Madison

INFLUENZA VACCINE RECOMMENDATIONS:

Influenza is an acute respiratory tract infection which can range from a relatively mild illness to severe pneumonia. Children and adults with certain underlying conditions and elderly persons are at greatest risk for complications. Annual vaccination of persons in high-risk groups is the most effective method for preventing excess morbidity and mortality from influenza infection. Influenza activity in communities may be sporadic, localized, or epidemic. Both the level of influenza activity and the prevalence of different influenza strains vary annually.

The 1981-82 season in Montana reflected nationwide trends: influenza activity was generally low, and influenza accounted for most of the isolates reported to the Centers for Disease Control.

This year's vaccine has the same composition as the 1981-82 vaccine and contains antigens from the A/Brazil/78(H1N1), A/Bangkok/79(HEN2), and B/Singapore/79 viruses.[1] Annual vaccination is recommended for:

1. persons over 65
2. children and adults at increased risk of complications from influenza infection because of the following conditions:
   --cardiac diseases with actual or potentially altered circulatory dynamics,
   --compromised pulmonary function,
   --chronic renal disease,
   --diabetes mellitus or other metabolic diseases that increase susceptibility to infections,
   --chronic, severe anemias, such as sickle-cell disease,
   --compromised immune function.
3. persons who provide essential community services and medical workers at risk for exposure (use of vaccine in these groups should depend upon the needs and priorities of individual agencies or health care facilities).

Dose: The vaccine is available as whole-virus and split-virus preparations. Because the whole-virus vaccine is associated with greater side effects in children, only the split-virus preparation should be used in persons under 13 years old.

The dosage schedule for different age groups is:

over 13 years:	0.5 ml., 1 dose (whole or split-virus)
3-12 years:	0.5 ml., 2 doses* (split-virus only)
6-35 months:	0.25 ml., 2 doses* (split-virus only)

*Doses should be spaced by a 4 or more week interval. If an individual has received any influenza vaccine recommended since 1978-79, one dose is adequate.

Complications: Soreness and induration lasting 1-2 days occur at the site of vaccination in approximately one-third of recipients; systemic symptoms are infrequent and occur most commonly in children and persons who have had no previous exposure to vaccine antigens.
Use in Pregnancy: Influenza vaccine, a killed-virus preparation, may be used in pregnant women in indicated. Waiting until after the first trimester is advised.
Contraindications: Influenza vaccine contains a small amount of egg protein, and its use in persons with anaphylactic hypersensitivity to eggs is contraindicated.

[1]CDC. Influenza vaccines 1982-82. MMWR 1982; 31:349-53.

ANNOUNCEMENT:

Postgraduate Courses on Clinical Management and Control of Tuberculosis will be held in Denver October 24-29 (October 30, optional), February 6-11, 1983 (February 12, optional), and April 24-29, 1983 (April 30, optional). For more information contact Dr. Thomas Boulding at the National Jewish Hospital & Research Center, 3800 East Colfax Avenue, Denver, Colorado 80206.

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Volume: 6:10 **Month of:** August, 1982

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312.2 M23m v.6 #10 Aug. 1982

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DISTRICT 1	Daniels															
	Phillips															
	Roosevelt															10
	Sheridan															
	Valley															
DISTRICT 2	Dawson										1					1
	Garfield															1
	McCone															
	Prairie															
	Richland															
	Wibaux															
DISTRICT 3	Carter															
	Custer										1		1			
	Fallon															
	Powder River															1
	Rosebud												4	4	1	5
	Treasure															
DIST. 4	Blaine															3
	Hill			2									1			5
	Liberty															
DISTRICT 5	Cascade										2		1		1	14
	Chouteau															
	Glacier	1		1												10
	Pondera												1			
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin										1					
	Musselshell															
	Petroleum															
	Wheatland										1					
DISTRICT 7	Big Horn												1			4
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone			1	1								1	2		19
DIST. 8	Broadwater															
	Jefferson										1					
	Lewis & Clark			2							1				1	8
DIST. 9	Gallatin										1					3
	Meagher															1
	Park															
DISTRICT 10	Flathead															6
	Lake															2
	Lincoln										1					2
	Sanders															
DIST. 11	Mineral															
	Missoula										2		1			10
	Ravalli															1
DISTRICT 12	Beaverhead										1					
	Deer Lodge				1								1			1
	Granite															
	Madison															
	Powell			1												
	Silver Bow															5
MONTHLY TOTAL	19 82	1	-	7	2	-	-	-	-	-	13	-	12	6	3	112
	19 81	4	1	9	14	2	-	1	2	-	12	-	13	1	5	117
	19 80	3	-	9	11	1	-	-	2	1	3	1	11	6	2	161
TOTAL TO DATE	19 82	3	-	73	23	4	-	7	5	1	65	3	74	26	29	873
	19 81	14	1	87	71	18	-	7	10	7	87	4	93	19	27	977
	19 80	9	3	49	116	14	-	3	55	3	33	43	133	26	20	971

DELAYED REPORTS: Aseptic Meningitis--1, Flathead. Hepatitis A--1, Big Horn; 1, Lake. Hepatitis B--1, Fergus. Salmonella--1, Yellowstone; 2, Flathead; 1, Roosevelt; 1, Richland; 1, Missoula. Shigella--2, Rosebud.

OTHER DISEASES: Bacterial Meningitis--2, Cascade; 2, Gallatin. Tularemia--1, Silver Bow. Rocky Mountain Spotted Fever--1, Madison. Colorado Tick Fever--1, Madison; 1, Park; 1, Silver Bow. Syphilis, Early Latent < 1 year--1, Missoula, Syphilis, Late Latent--1, Lewis & Clark (military). Gonorrhea figures above include Penicillinase-Producing Neisseria Gonorrhea (1, Cascade).

ANTIMICROBIAL THERAPY OF PATIENTS WITH SALMONELLA INFECTIONS

Antibiotics should not be used in the treatment of nontyphoid Salmonella carriers or patients with mild gastroenteritis. Antimicrobial therapy may on occasion convert intestinal carriage into systemic disease with bacteremia[1], prolong excretion of Salmonella[2], or encourage the development or selection of resistant strains. Infants less than 1 year of age pose a particular clinical problem due to the difficulty of eradicating the organism and the propensity for bacteremia. Therefore, antibiotic treatment for Salmonella infection is restricted to patients with 1) typhoid fever (clinical illness or carrier), 2) bacteremia due to nontyphoidal strains, and 3) dissemination with localized suppuration. Since chloramphenicol-resistant strains of Salmonella have emerged in all parts of the world, ampicillin is the current drug of choice when organism-susceptibility testing has not been performed. Trimethoprim-sulfamethoxazole is also an effective form of therapy.

APLISOL® PPD-TUBERCULIN

Since mid-February the Centers for Disease Control (CDC), has received reports of unexpectedly high numbers of significant skin test reactions and unusual local reactions to intradermal PPD-tuberculin. Data now available indicate that Aplisol lots elicited a larger number of significant reactions than PPD-S or Tubersol. The Parke-Davis Company has halted distribution of all lots of Aplisol, which were made from a 1967 master batch. Deterioration is believed to be responsible for the problem of false-positive tests. A "new batch" is being prepared, and distribution will be in the near future. Parke-Davis has agreed to replace current stocks of "old batch" Aplisol with lots of the "new batch" when they become available.

Recommendations:

1. Groups of individuals tested with Aplisol who had significant reactions and who had radiographic or other clinical evidence of TB, or who had a high probability of recent infection with M. tuberculosis (such as close contacts of a TB case, immigrants, refugees, or others from areas of the world where TB is highly indigenous) generally don't require retesting. In these groups, previous significant reactions to Aplisol probably represent true-positives. Decisions to retest within these groups should be based on the strength of evidence for TB infection (e.g., reaction size, intimacy and duration of contact, nature of radiographic abnormality, etc.)

2. Other groups tested with Aplisol who had significant reactions and who have been placed on preventive treatment primarily on the basis of the Aplisol reaction should be considered for retesting with Connaught Tubersol® or with the new Aplisol. The decision to retest should be based on the size of the initial reaction and the residence of the person tested. Nearly all previous large reactions (e.g., equal to or greater than 20 mm) to Aplisol should represent tuberculosis infection as do reactions of equal to or greater than 10 mm in life-long residents of areas where sensitivity to nontuberculosis is uncommon.

3. Negative reactions to Aplisol are generally reliable. There is no reason to retest unless recent contact has been made with a case of TB.

---

[1]Rosenthal, S. L.: Exacerbation of Salmonella enteritis due to ampicillin. N Eng J Med 280:147, 1969.
[2]Aserkoff, B., et al, Effect of antibiotic therapy in acute salmonellosis on the fecal excretion of Salmonella. N Eng J Med 281:636, 1969.

312.2 H2m v.6 #11 Sept.1982

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MONTANA MORBIDITY REPORT

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Volume: 6:11 **Month of:** September, 1982

MONTANA MORBIDITY REPORT. Pub. No. 397830. Published monthly with an extra issue for March by the Health Services Division of the Department of Health and Environmental Sciences, Cogswell Building, Helena, Montana 59620. Distributed FREE to physicians, public health nurses, sanitarians, hospital administrators.

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	GONORRHEA
DISTRICT 1	Daniels															
	Phillips															
	Roosevelt															7
	Sheridan															
	Valley															
DISTRICT 2	Dawson										1					
	Garfield															
	McCone										1					
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer										1					2
	Fallon															
	Powder River															1
	Rosebud			1												12
	Treasure															
DIST. 4	Blaine															1
	Hill			2	1						1					9
	Liberty															1
DISTRICT 5	Cascade										2					6
	Chouteau															
	Glacier				1											
	Pondera														2	1
	Teton															1
	Toole										1			1		
DISTRICT 6	Fergus			3											1	
	Golden Valley															
	Judith Basin															
	Musselshell										2		2			
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															9
	Carbon			1							1					1
	Stillwater															
	Sweet Grass															
	Yellowstone					1							3	1	1	28
DIST. 8	Broadwater															
	Jefferson															1
	Lewis & Clark										1		1			7
DIST. 9	Gallatin										2			1		2
	Meagher															
	Park			1												
DISTRICT 10	Flathead										2		3	2	1	3
	Lake			1												1
	Lincoln										1					1
	Sanders															
DIST. 11	Mineral															
	Missoula			2		1									1	9
	Ravalli															
DISTRICT 12	Beaverhead															
	Deer Lodge														1	
	Granite															
	Madison										1					
	Powell			1												
	Silver Bow			1									1			2
MONTHLY TOTAL	1982	-	-	13	2	2	-	-	-	-	17	-	10	5	7	106
	1981	2	1	5	5	1	-	1	-	-	10	-	1	2	1	147
	1980	1	-	15	6	-	-	-	-	-	14	2	4	-	7	70*
TOTAL TO DATE	1982	3	-	86	25	6	-	7	5	1	82	3	84	31	36	979
	1981	16	2	94	71	18	-	7	10	7	92	4	95	19	32	1045
	1980	10	5	111	123	14	2	3	55	3	47	45	137	26	28	1040*

DELAYED REPORTS: Giardia--2, Hill; 1, Gallatin; 1, Flathead; 1, Glacier; 1, Yellowstone. Salmonella--1, Missoula; 3, Ravalli; 1, Cascade; 1, Custer; 1, Rosebud. Shigella--1, Hill; 1, Missoula.

*partial data available

OTHER DISEASES: Malaria--1, Yellowstone (August) Bacterial Meningitis--1, Park. Tularemia--1, Silver Bow; 1, Missoula. Colorado Tick Fever--1, Missoula. Legionella--1, Missoula; 2, Cascade. Syphilis, Primary--1, Hill. Syphilis, Secondary--1, Fallon. Syphilis, Early Latent > 1 year--1, Cascade. Syphilis, Late Latent--1, Yellowstone.

RECOMMENDATIONS FOR POLIOMYELITIS IMMUNIZATION FOR INTERNATIONAL TRAVEL

Travelers to countries where poliomyelitis is epidemic or endemic are considered to be at increased risk of poliomyelitis and should be fully immunized. A history of 3 or more doses of trivalent oral polio vaccine (OPV), or 4 doses of inactivated polio vaccine (IPV) with an IPV booster every 5 years until age 18, is evidence of satisfactory immunization. For those who have completed a primary OPV series, a single booster dose of OPV may be given. For those who have completed a primary IPV series, a single booster dose of IPV or OPV may be given. For unvaccinated or partially vaccinated travelers, completion of a polio vaccination series is strongly recommended.

OPV is the vaccine of choice for infants, children, and adolescents up to the 18th birthday. If time is a limiting factor, at least one dose of OPV should be given to those less than 18 years of age.

For unvaccinated adults at increased risk of exposure to poliomyelitis, primary immunization with IPV is recommended. IPV is preferred because the risk of vaccine-associated paralysis following OPV is slightly higher in adults than in children. If there is insufficient time for at least three doses of IPV to be given before protection is required, the following alternatives are recommended:

1. If less than 8, but more than 4, weeks are available before protection is needed, 2 doses of IPV should be given at least 4 weeks apart.

2. If less than 4 weeks are available before protection is needed, a single dose of OPV is recommended.

In both instances the remaining doses of vaccine should be given later, at the recommended intervals, if the person remains at increased risk.

Adults who are at increased risk of exposure to poliomyelitis and who have previously received less than a full primary course of OPV or IPV should be given the remaining required doses of either vaccine, regardless of the interval since the last dose and the type of vaccine previously received.

Detailed information on poliomyelitis prevention is included in the Advisory Committee on Immunization Practices, published in the Morbidity and Mortality Weekly Report, Vol. 31, No. 3, January 29, 1982.

The Ministry of Health, Jamaica, has reported an outbreak of poliomyelitis in the Cornwall Region. To date, 54 suspected cases and one death have been identified, all reported from a single referral hospital in Montego Bay, St. James Parish. Epidemiological investigation and large scale control efforts, including mass vaccination with preschool and school age populations (0-12) years, are underway.

Proof of poliomyelitis immunization is not required for international travel; however, travelers to Jamaica or to other countries where poliomyelitis is occurring should be immune prior to departure.

Adopted from the Public Health Service Advisory Memorandum, Number 64, June 10, 1982.

RABIES VACCINE (WYVAC)

Rabies vaccine in Montana may be purchased by physicians directly from Wyeth Laboratories, Inc. Contact Bernard G. Shepherd, Territory Manager, Wyeth Laboratories, Helena, Montana (442-5235).

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DISTRICT 1	Daniels															
	Phillips															
	Roosevelt													2		11
	Sheridan															
	Valley															1
DISTRICT 2	Dawson												1			
	Garfield															
	McCone															
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															6
	Fallon															
	Powder River															
	Rosebud							1						1		19
	Treasure															
DIST. 4	Blaine															
	Hill														1	2
	Liberty															
DISTRICT 5	Cascade												1	1		19
	Chouteau															
	Glacier				1								1			10
	Pondera															1
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell												3			
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															9
	Carbon															
	Stillwater															
	Sweet Grass															
	Yellowstone								1				7	2		16
DIST. 8	Broadwater															
	Jefferson															1
	Lewis & Clark			2												4
DIST. 9	Gallatin	1											1			2
	Meagher															
	Park															
DISTRICT 10	Flathead												2			
	Lake															6
	Lincoln															2
	Sanders															2
DIST. 11	Mineral															1
	Missoula			6				1					1	1		15
	Ravalli															2
DISTRICT 12	Beaverhead															
	Deer Lodge															1
	Granite															
	Madison															
	Powell															
	Silver Bow			2									1		2	5
MONTHLY TOTAL	1982	1	-	10	1	-	-	2	1	-	-	-	18	7	3	136
	1981	1	-	11	2	-	-	-	1	-	8	-	2	2	2	142
	1980	-	-	9	2	2	-	-	3	-	6	-	18	2	1	*
TOTAL TO DATE	1982	4	-	96	26	6	-	9	6	1	82	3	102	38	39	1115
	1981	19	2	119	79	20	1	8	12	7	107	4	102	21	34	1272
	1980	12	10	124	127	17	2	3	58	3	53	45	154	28	30	1041

DELAYED REPORTS: Giardia--6, Missoula; 1, Yellowstone; 2, Glacier; 2, Gallatin. Hepatitis A--1, Silver Bow; 1, Park. Salmonella--2, Musselshell; 2, Missoula; 2, Ravalli; 1, Broadwater; 1, Glacier; 2, Yellowstone; 2, Cascade; 3, Flathead; 1, Valley.

OTHER DISEASES: Bacterial Meningitis--2, Silver Bow. Tularemia--1, Ravalli. Syphilis, Primary--1, Hill. Syphilis, Secondary--1, Fallon. Mononucleosis--1, Custer.

*--not available

APLISOL® (tuberculin, purified protein derivative) from the New Master Lot[1]

As you know, Aplisol® (Tuberculin, PPD, Diluted) has been established in clinical use for many years as an aid in the detection of infection with Mycobacterium tuberculosis. In recent months, Parke-Davis, the Centers for Disease Control (CDC), and FDA's Office of Biologics have received a number of reports concerning unusual or atypical reactions to Aplisol, including unexpectedly high numbers of "false positive" test reactions (≥10 mm induration).

While actively investigating the cause of these reactions, Parke-Davis temporarily suspended the distribution of Aplisol in late June. However, CDC and FDA requested that we not recall Aplisol because Parke-Davis supplies approximately 75% of the tuberculin, purified protein derivative, used in the U.S. and, thus, there was a concern over the negative effect of such an action on patient care.

Parke-Davis has now standardized a New Master Lot of tuberculin, clinically equivalent in potency to the standard PPD-S (5 TU per 0.1 ml) of the U.S. Public Health Service Centers for Disease Control. Aplisol made from the New Master Lot has been clinically tested and has been approved by the Food and Drug Administration.

We are pleased to inform you that, effective immediately, Aplisol produced from the New Master Lot, No. 924994, is available. Parke-Davis would like to replace all existing inventories of Aplisol with product from the New Master Lot. We are asking that all vials of Aplisol, including partial vials, be returned to a Parke-Davis Distribution Center after authorization is obtained from our representative.

Your Parke-Davis representative will assist you in the return of your present stock of Aplisol and in obtaining Aplisol from the New Master Lot. To assure that you are contacted, please complete the enclosed business reply card. In the meantime, you can order a new supply of Aplisol from your normal Parke-Davis Distribution Center or drug wholesaler immediately. The new material will bear the words "New Master Lot." To order the 10-test vial, please specify NDC No. 0071-4525-03; 0071-4525-08 to obtain the 50-test vial.

We have every confidence that Aplisol produced from the New Master Lot and licensed by FDA will perform in the desired manner. We are sure you will welcome the renewed availability of Aplisol, a product that for years has proven its value to the medical profession.

INDIGENOUS MEASLES ELIMINATION--United States and Montana[2]

The national initiative to eliminate indigenous measles has made impressive progress. This article summarizes the successes of that effort and the current measles situation in the United States and in Montana.

The measles elimination strategy has three major aspects: achievement and maintenance of high immunization levels, development of strong and effective surveillance systems, and aggressive response to the occurrence of disease. All states now have laws requiring measles immunization as a condition of first entry to school and in Montana these laws extend to all grade levels (K-12). In the fall of 1981, the national measles immunization level was 97% for children entering kindergarten or first grade for the first time. Every state has strengthened its surveillance systems and Montana includes a form of active surveillance in which all rash cases are followed-up. Routine aggressive responses to suspected cases and outbreaks include rapid identification of susceptibles, provision of vaccination services, and the exclusion of susceptibles from school.

These program elements are largely responsible for the marked progress that has been made to date. For example, there has been a 53.9% decrease in the number of cases of reported measles to an all time low of 1,230 in the United States from 1981 to 1982. In Montana, the last reported case of measles occurred in July, 1980. Just as the overall number of measles cases has declined dramatically, so has the geographic extent of measles in the United States. Only 10% of the nation's counties reported measles at any time during 1981, and provisional data indicate that only 5.3% of counties have reported measles thus far in 1982, suggesting that indigenous transmission has been eliminated from most of the United States including Montana.

The exact date of indigenous measles elimination in the United States will only be known in retrospect. Currently, several chains of transmission are known to exist, one of which involves four states. With the interruption of these last indigenous chains, future measles cases in the United States including Montana should be related to measles importation from other countries.

To reduce the importation of measles into this country, all offices issuing U.S. visas abroad currently provide information on the importance of assuring measles immunization. Although no vaccination requirement currently exists for entry into the U.S., visa applicants are advised that children cannot enter school in the U.S. without proof of immunization. The U.S. Armed Services have instituted a policy of routinely vaccinating susceptible recruits against measles.

CLASSIFICATION OF MEASLES CASES

The Montana Immunization program has adopted CDC's classification of measles cases. These general guidelines are followed when investigations of rash illnesses are initiated:

A. Standard Clinical Case Definition
   1. A generalized maculopapular rash of ≥ 3 days duration,
   2. Fever (≥101°F, if measured),
   3. One of the following: cough, coryza, or conjunctivitis.

B. Clinical Classification
   1. Suspect Case
      a. Any rash illness with fever
   2. Probable Case
      a. Met clinical case definition
      b. Not linked to another probable or confirmed case
      c. No serology done or serology non-contributory
   3. Confirmed Case (either a and b; or c)
      a. Met clinical case definition; and
      b. Linked to another probable or confirmed case,
         or
      c. Serologically confirmed (does not need to meet the clinical case definition)

[1]A letter from Parke-Davis
[2]Adapted from MMWR 1978; 27;391, MMWR 1982; 517, and Rhode Island Disease Bulletin, Vol. 19, No. 21.

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DISTRICT 1	Daniels															
	Phillips															
	Roosevelt															8
	Sheridan															
	Valley															2
DISTRICT 2	Dawson															6
	Garfield															
	McCone															
	Prairie															
	Richland															1
	Wibaux															
DISTRICT 3	Carter															
	Custer															4
	Fallon															
	Powder River															1
	Rosebud														1	14
	Treasure															
DIST. 4	Blaine															
	Hill															11
	Liberty															
DISTRICT 5	Cascade															16
	Chouteau															
	Glacier												1			7
	Pondera															
	Teton															
	Toole															
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															4
	Carbon			2												
	Stillwater															
	Sweet Grass															
	Yellowstone			2					1				1	1		22
DIST. 8	Broadwater															
	Jefferson															2
	Lewis & Clark															7
DIST. 9	Gallatin					1										3
	Meagher															
	Park															
DISTRICT 10	Flathead			1												3
	Lake							1								
	Lincoln															
	Sanders															
DIST. 11	Mineral															1
	Missoula			1												7
	Ravalli															1
DISTRICT 12	Beaverhead															1
	Deer Lodge												1			
	Granite															
	Madison															
	Powell			1												1
	Silver Bow				1								1		1	2
MONTHLY TOTAL	19 82	-	-	7	1	1	-	1	1	-	-	-	4	1	2	124
	19 81	-	-	12	1	2	-	1	1	-	6	-	2	1	1	121
	19 80	3	-	16	2	-	-	-	-	-	-	-	4	2	1	125
TOTAL TO DATE	19 82	4	-	103	27	7	-	10	7	1	82	3	106	39	41	1239
	19 81	19	2	131	80	22	1	9	13	7	113	4	104	22	35	1393
	19 80	17	10	164	143	18	2	5	61	3	58	45	166	32	33	1508

DELAYED REPORTS: Giardia--1, Hill; 1, Lewis & Clark; 2, Flathead; 1, Missoula. Rabies In Animals--1, Daniels. Salmonella--1, Missoula; 1, Rosebud; 1, Silver Bow; 1, Deer Lodge; 1, Gallatin; 1, Yellowstone. Shigella--2, Flathead.

OTHER DISEASES: Bacterial Meningitis--2, Missoula; 1, Gallatin. Colorado Tick Fever--1, Valley.

HAEMOPHILUS INFLUENZA TYPE b--UPDATE[1]

Haemophilus influenzae type b is the leading cause of meningitis in the United States, resulting in an estimated 8,000-11,000 cases per year. Age-specific incidence rates are highest among children less than 1 year of age and decrease steadily thereafter. The case-fatality ratio is approximately 3%-7%, and neurologic sequelae are common. In addition, H. influenzae type b causes an estimated 6,000 cases a year of other invasive diseases, including epiglottitis, pneumonia, cellulitis, and bacteremia.

Missoula--Between November 19 and December 8 four Haemophilus influenza meningitis cases were reported in addition to one case of peri-orbital cellulitis. Ages ranged from 1 to 2½ years; two cases were fatal. Both fatal cases progressed to coma within 24 hours of becoming symptomatic. Three of the five were in child day care. One case was a contact of our earlier case five days before in a child care setting.[2]

Recent studies have shown an increased risk of disease among close contacts of persons with H. influenzae disease, suggesting a need to consider chemoprophylaxis for prevention of secondary cases, pending development of a satisfactory vaccine.

Risk of secondary infection: Household-studies have shown that there is approximately a 600-fold increase in risk, compared with the risk in the population at large. Fifty percent of associated cases occurred within 3 days of onset in the index case and 75% within 7 days.

Day-care center contacts appear to be an increased risk just below that of the household contacts less than 4 years of age.

Efficacy of chemoprophylaxis: Initial studies focused on usefulness of various antimicrobial agents to eliminate nasopharyngeal carriage of H. influenzae type b. Ampicillin, trimethoprim-sulfamethoxazole, erythromycin-sulfisoxazole, and cefaclor were shown to eliminate carriage in fewer than 70% of culture-positive contacts. Also, in persons with H. influenzae disease, pharyngeal carriage of the organism has been shown to persist following intravenous therapy with chloramphenicol or ampicillin.

Rifampin in a dosage of 10 mg/kg per dose administered twice a day for 2 days, the regimen currently recommended for meningococcal chemoprophylaxis, failed to eradicate carriage in as many as 36% of culture-positive individuals. However, rifampin in a dosage of 20 mg/kg per dose once daily for 4 days (maximum dose 600 mg) eradicated carriage in 90%-100% of contacts treated.

Implementation of chemoprophylaxis: Mixing rifampin with applesauce results in peak serum and salivary concentration that are not significantly different from those obtained with a specially prepared suspension. The applesauce mixture is the formulation used in the multicenter trial examining the prevention of secondary cases. A susoension of rifampin can also be prepared in United States Pharmacopeia (USP) syrup.

Side effects of rifampin in the 20 mg/kg dosage occurred in 20% of recipients, compared with 11% of placebo recipients. Side effects included nausea, vomiting, diarrhea, headache, and dizziness. The rate was similar to the 24% rate of adverse effects in recipients of rifampin at a dosage of 10 mg/kg. No serious adverse reactions occurred. Orange discoloration of urine was noted in 84% of rifampin recipients. Rifampin usage may also cause discoloration of soft contact lenses or ineffectiveness of oral contraceptives.

Concern has been raised about the possibility of developing rifampin-resistant H. influenzae isolates. None of the isolates from index patients or contacts was rifampin-resistant in the multicenter chemoprophylaxis trial, although an occasional rifampin-resistant strain has been reported. Monitoring strains causing invasive disease for development of rifampin resistance will be important for assessing the continued usefulness of rifampin as a chemoprophylactic agent.

Questions have been raised about the difficulties of coordinating and implementing chemoprophylaxis in a day-care center. These concerns are especially relevant in view of the observation noted previously that chemoprophylaxis is unlikely to be effective if fewer than 75% of contacts actually receive rifampin. Several approaches have been successfully used. The local health department in Sarasota, Florida provided rifampin following consultation with private physicians. The Oklahoma State Health Department distributed a letter from the health department to contacts containing information about the disease and the risk of secondary spread, and recommending that parents contact their physicians for a rifampin prescription. State and local health departments should collaborate with private practitioners to monitor the completeness and timeliness of participation in chemoprophylaxis. Studies to document the risk of secondary cases with and without chemoprophylaxis and to evaluate the rifampin sensitivity of isolates causing invasive disease should also be considered. As such data become available, appropriate changes in these recommendations can be made.

Recommendation: In view of the increased risk of disease in household contacts less than 4 years of age and the efficacy of rifampin in eliminating carriage of H. influenzae organisms and preventing secondary cases of disease, it is recommended that:

1. Contacts who develop symptoms suggestive of H. influenzae type b disease, such as fever or headache, should be evaluated promptly by a physician.
2. In any household in which a case of invasive H. influenzae disease has occurred and in which another child less than 4 years of age resides, all members of the household, including adults, should receive rifampin in a dosage of 20 mg/kg per dose once daily for 4 days.
3. In day-care center classrooms in which a case of H. influenzae disease has occurred and in which children less than 4 years of age are present, all parents should be notified (preferably in writing) regarding occurrence of a case and the possibility of increased risk to their children. The symptoms to look for, the usefulness of rifampin chemoprophylaxis, and the need for prompt medical evaluation if symptoms occur should be stated. All students and staff in the classroom should be considered for chemoprophylaxis according to the above regimen. It should be noted, however, that the data on risk of secondary spread and efficacy of chemoprophylaxis in day-care centers are less complete than for household contacts.
4. Chemoprophylaxis should be instituted as rapidly as possible following onset of disease in the index case. If more than 7 days have passed since the last contact with the index case, chemoprophylaxis is probably not indicated.
5. The index case should be treated with the same rifampin regimen before discharge from the hospital.
6. Nasopharyngeal carriage studies should not be employed as a guide for chemoprophylaxis because of the lack of correlation of carriage with risk of disease and because the time required to complete such studies would delay implementation of chemoprophylaxis.
7. Rifampin should not be used in pregnant women, because it is teratogenic in laboratory animals.

[1]Centers for Disease Control: Prevention of secondary cases of H Haemophilus influenza type b disease. MMWR, December 24, 1982; 31:672-680.

[2]Missoula City-County Health Deoartment--Physicians' Bulletin: Haemophilus influenza meningitis. December 16, 1982; Vol. III, No. 11.

RETENTION OF IMPORTANT INFORMATION STATEMENTS

Clarification of the time period required for retention of signed Important Information statements for both childhood immunizations and swine flu was presented in a memo from CDC dated December 7, 1982.

For Federal Grant purposes, the Important Information Statements must be retained for a period of 10 years following the end of the calendar year in which the form is signed. In addition, if a notice of a claim or law suite has been made, the Important Information Statement pertaining to the matter should be retained until after a final disposition of the claim or litigation (including appeals).

In certain situations, the government may need to rely upon the absence of an Important Information Statement as evidence that a vaccine was not administered; consequently, it is essential that you be able to show that a form or copy of a form has been retained for the 10-year period for each vaccination administered.

The retention and other requirements for Important Information Statements apply to those used during the Swine Flu Program as well as those used for childhood immunizations. This means that the normal retention period for most swine flu information statements will end on December 31, 1986; forms associated with the limited number of swine flu immunizations provided in 1977 after the moratorium on bivalent vaccine was lifted should be retained until December 31, 1987.

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DISTRICT 1	Daniels										1					
	Phillips															
	Roosevelt										2					10
	Sheridan															
	Valley															2
DISTRICT 2	Dawson										2					2
	Garfield															
	McCone										1					
	Prairie										3					
	Richland															
	Wibaux															
DISTRICT 3	Carter															
	Custer															5
	Fallon										2					
	Powder River															
	Rosebud															8
	Treasure															
DIST. 4	Blaine															2
	Hill															6
	Liberty															
DISTRICT 5	Cascade								1							19
	Chouteau															
	Glacier														1	3
	Pondera															1
	Teton															
	Toole										1					
DISTRICT 6	Fergus															
	Golden Valley															
	Judith Basin															
	Musselshell															1
	Petroleum															
	Wheatland															
DISTRICT 7	Big Horn															5
	Carbon															
	Stillwater															1
	Sweet Grass															
	Yellowstone														1	16
DIST. 8	Broadwater															
	Jefferson															1
	Lewis & Clark			1									2			11
DIST. 9	Gallatin															4
	Meagher															
	Park															
DISTRICT 10	Flathead															1
	Lake											1				2
	Lincoln												1			1
	Sanders															1
DIST. 11	Mineral															
	Missoula			4									1			6
	Ravalli															
DISTRICT 12	Beaverhead															
	Deer Lodge															
	Granite															
	Madison															
	Powell															
	Silver Bow														1	4
MONTHLY TOTAL	1982	-	-	5	-	-	-	-	2*	-	12	1	4	-	3	112
	1981	-	-	6	-	-	-	2	-	-	2	-	3	-	8	142
	1980	3	-	16	2	-	-	-	-	-	-	-	4	2	1	125
TOTAL TO DATE	1982	4	-	108	27	7	-	10	9	1	94	4	110	39	44	1351
	1981	19	2	137	80	22	1	11	13	7	115	4	107	22	43	1535
	1980	17	10	164	143	18	2	5	61	3	58	45	166	32	33	1508

DELAYED REPORTS: Hepatitis A--1, Teton; 1, Gallatin; 1, Lake; 1, Yellowstone. Giardia--1, Missoula; 1, Jefferson; 2, Silver Bow; 1, Yellowstone; 1, Lewis & Clark; 1, Gallatin. Hepatitis B--1, Deer Lodge; 1, Missoula; 1, Richland. Mumps--1, Sweet Grass. Rubella--1, Lake. Salmonella--4, Silver Bow; 1, Yellowstone; 1, Roosevelt; 1, Cascade. Shigella--3, Flathead; 1, Yellowstone; 1, Roosevelt.

OTHER DISEASES: Syphilis, Primary--1, Missoula. Bacterial Meningitis--3, Missoula; 1, Gallatin; 1, Hill; 1, Lincoln. Tularemia--2, Lake.

*one from unknown county

OTHER DISEASES IN 1982

Amebiasis
Gallatin	1
Glacier	1
Jefferson	1
Lewis & Clark	1
Missoula	2
TOTAL	6

Ascariasis
Hill	1
Lewis & Clark	1
Sheridan	1
TOTAL	3

Bacterial Meningitis
Beaverhead	1
Cascade	7
Fergus	1
Flathead	2
Gallatin	9
Lake	1
Lincoln	2
Madison	1
Meagher	1
Missoula	10
Park	1
Phillips	1
Silver Bow	2
Yellowstone	3
TOTAL	45

Brucellosis
Blaine	1
Ravalli	1
TOTAL	2

Campylobacter
Fergus	4
Gallatin	23
Lewis & Clark	4
Park	7
Richland	5
Silver Bow	4
Valley	5
Yellowstone	6
TOTAL	58

Clonorchis Sinensis
Pondera	1

Colorado Tick Fever
Beaverhead	1
Deer Lodge	1
Fergus	1
Gallatin	2
Lewis & Clark	2
Madison	2
Missoula	9
Park	1
Powell	1
Richland	1
Silver Bow	1
Valley	1
TOTAL	23

Cryptococcus Meningitis
Yellowstone	1

Gonorrhea (Military)
Cascade	31
Lewis & Clark	1
TOTAL	32

Guillian-Barre Syndrome
Missoula	1

Hepatitis Non-A, Non-B
Missoula	2

Hepatitis Unspecified
Cascade	1
Gallatin	1
Glacier	4
TOTAL	6

Histoplasmosis
Blaine	1

Jakob-Creutzfeldt
Blaine	1

Kawasaki's Disease
Carbon	1

Legionellosis
Cascade	3
Missoula	1
Park	1
TOTAL	5

Malaria
Yellowstone	1

Melioidosis
Lewis & Clark	1

Mononucleosis
Custer	1

Rocky Mountain Spotted Fever
Deer Lodge	1
Madison	1
Park	1
Valley	1
Yellowstone	1
TOTAL	5

Syphilis (Civilian)
Cascade
- 1 Late Latent
- 1 Early Latent (>1 yr)

Custer
- 1 Late Latent

Deer Lodge
- 1 Late Latent
- 1 Early Latent (<1 yr)

Fallon
- 1 Secondary

Glacier
- 1 Late Latent

Hill
- 1 Secondary

Missoula
- 1 Primary
- 2 Early Latent (<1 yr)

Ravalli
- 1 Secondary
- 1 Primary

Roosevelt
- 1 Early Latent (<1 yr)

Silver Bow
- 1 Early Latent (<1 yr)

Yellowstone
- 1 Early Latent (<1 yr)
- 1 Early Latent (>1 yr)
- 1 Congenital
- 2 Late Latent

Syphilis (Military)
Lewis & Clark
- 1 Late Latent

McCone
- 1 Late Latent

Tularemia
Big Horn	1
Lake	2
Missoula	1
Ravalli	1
Silver Bow	1
TOTAL	6

MONTANA MORBIDITY REPORT

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ANNUAL SUMMARY OF COMMUNICABLE DISEASES

		ASEPTIC MENINGITIS	ENCEPHALITIS	GIARDIA	HEPATITIS A	HEPATITIS B	MEASLES	MENING. DISEASE	MUMPS	PERTUSSIS	RABIES, ANIMALS	RUBELLA	SALMONELLA	SHIGELLA	TUBERCULOSIS	CIVILIAN GONORRHEA
DISTRICT 1	Daniels										5					
	Phillips										1					1
	Roosevelt			3							3		4	8		105
	Sheridan										5					5
	Valley	1		1						1	6		1			9
DISTRICT 2	Dawson										7		2			16
	Garfield															2
	McCone										9					
	Prairie										6					1
	Richland				2	1					1		2			13
	Wibaux															
DISTRICT 3	Carter															
	Custer				1						2		2			38
	Fallon								1		3					8
	Powder River			1												4
	Rosebud			1		1		1					6	8	5	108
	Treasure															
DIST. 4	Blaine			3		1					1				1	14
	Hill			11	1			1			1		1	2	2	68
	Liberty											1	1			1
DISTRICT 5	Cascade				5			1	1		4		10	10	2	110
	Chouteau			1		1										1
	Glacier	1		7	3								4	3	3	72
	Pondera												51		1	5
	Teton															2
	Toole										2			1		
DISTRICT 6	Fergus	3		3		1							1		1	9
	Golden Valley															
	Judith Basin										6					1
	Musselshell			1	1	1					3		8			1
	Petroleum															
	Wheatland										1					1
DISTRICT 7	Big Horn	1			7						2		1	1	2	52
	Carbon			7							2		2			3
	Stillwater															2
	Sweet Grass								1						1	1
	Yellowstone			8	2	1			3		3		26	7	4	262
DIST. 8	Broadwater			1												
	Jefferson			2							2		1			8
	Lewis & Clark			15	1	1					2		4		1	93
DIST. 9	Gallatin	1		15	1	1	1		1		6	2	6	1		32
	Meagher															1
	Park			2	1			1								3
DISTRICT 10	Flathead	1		4	2						5		13	5	1	30
	Lake			1	4			1				3	1		1	30
	Lincoln										2				1	9
	Sanders				1											5
DIST. 11	Mineral															3
	Missoula			27	3	3		1			3	1	23	4	2	120
	Ravalli				1	1							6			12
DISTRICT 12	Beaverhead										1					3
	Deer Lodge			1	2			1					3		4	10
	Granite															
	Madison															3
	Powell			4		2										2
	Silver Bow			34	3			1					10		6	37
TOTAL 19 82		8	-	153	42	15	-	8	8*	1	96	7	190	50	37	1316

* 1 count for county unknown

SEE BACK FOR OTHER DISEASES